

791  
FILED JUN 2 1942  
Registration District No. 1942

1003  
Primary Registration District No. 1003

4511

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17  
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3807a Lee Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Clara Edith Faatz

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emby Faatz 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 19th, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 10 5 hr. min.

9. Birthplace Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name James T. Lynch

13. Birthplace Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Glab

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Emby Faatz  
(b) Address 3807a Lee Ave.

17. (a) Ship (b) Date thereof 5-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dubuque, Iowa.

18. (a) Signature of funeral director Provost Und. Co.  
(b) Address 3710 N. Grand Blvd.

19. (a) MAY 25 1942 (b) Dr. Fredrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3807a Lee Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th.  
year 1942 hour 3.10 minute A. M.

21. I hereby certify that I attended the deceased from 5-19-42  
19..... to 5-23-42  
that I last saw her alive on 5-20-42 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration 4 hrs

Due to 83 N

Due to 83 N

Other conditions (include pregnancy within 3 months of death) 83 N

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Dr. Fredrick (M. D. or other).....  
Address 187 S. Madison Date signed 6/25/42

844

B. J. Shigel  
1875 Madison

906284

9-10  
21-3

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
.....; Registered Apprentice No.....  
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N Grand Bl

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**